



COMPETENT PERSON EVALUATION

EXCAVATION & TRENCHING

This is a check list which has been devised to help/assist the employer determine if the person he/she has designated as a COMPETENT PERSON is competent within the description and intent of the EXCAVATION & TRENCHING STANDARD.

Employee's name		Occupation: What is job on site?	
Date of evaluation by employer	Length of time with employer	Length of experience in excavation & trenching	

TRAINING:

Does the designated individual have training in:

	YES	NO
Soils classification?	<input type="checkbox"/>	<input type="checkbox"/>
Use of protective systems?	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the standard?	<input type="checkbox"/>	<input type="checkbox"/>

KNOWLEDGE:

Does the designated individual have knowledge about:

	YES	NO
Soils classification?	<input type="checkbox"/>	<input type="checkbox"/>
Use of protective systems?	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the standard?	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORITY:

Does the designated individual have authority to:

	YES	NO
Take prompt corrective measures to eliminate existing and predictable hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Stop work until hazards are corrected or eliminated or controlled and remove employees from the hazardous area until proper systems are in place?	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTIONS:

	YES	NO
Has the competent person conducted a daily inspection of the excavation?	<input type="checkbox"/>	<input type="checkbox"/>
Of adjacent areas?	<input type="checkbox"/>	<input type="checkbox"/>
Of protective systems?	<input type="checkbox"/>	<input type="checkbox"/>
Were inspections conducted prior to start of work?	<input type="checkbox"/>	<input type="checkbox"/>
As needed during work?	<input type="checkbox"/>	<input type="checkbox"/>
After rainstorms or other hazard increasing occurrences?	<input type="checkbox"/>	<input type="checkbox"/>
Is there water in the trench?	<input type="checkbox"/>	<input type="checkbox"/>
Is water removal equipment being monitored to insure safe operation?	<input type="checkbox"/>	<input type="checkbox"/>
Has the soils analysis been verified allowing for the influence of water?	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence of failure of any portion of the protective system?	<input type="checkbox"/>	<input type="checkbox"/>
Is damage evident to structural members of the protective system?	<input type="checkbox"/>	<input type="checkbox"/>
If so, has the equipment been evaluated for suitability of use?	<input type="checkbox"/>	<input type="checkbox"/>

SOILS CLASSIFICATION :

	YES	NO
Has the employer selected a protective system which relies on soils classification?	<input type="checkbox"/>	<input type="checkbox"/>
What types of soils have been identified? _____		
What visual tests were performed? _____		
What manual test(s) were performed? _____		
Who performed the tests? _____		
Have the conditions changed since the classification was made?	<input type="checkbox"/>	<input type="checkbox"/>
Has the proper soils classification been made?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, does the protective system selected comply with or exceed the performance criteria outlined in the standard?	<input type="checkbox"/>	<input type="checkbox"/>
Are utilities involved?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, are they properly protected?	<input type="checkbox"/>	<input type="checkbox"/>
Are ramps involved?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, are they constructed according to standards?	<input type="checkbox"/>	<input type="checkbox"/>
Are confined spaces involved?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, has a competent person evaluated the environment in question?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Do you consider the individual to be **COMPETENT** within the requirements of the **EXCAVATION AND TRENCHING STANDARD**?

YES NO
☐ ☐

IF NOT, WHY?

Areas to be strengthened: _____

Employer/Representative Signature _____